



Beacon Wealth Consulting South

# QUESTIONNAIRE / INFORMAL INQUIRY

**Please Print**

Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: (City & State) \_\_\_\_\_ U.S. citizen? Yes \_\_\_\_ Other (specify) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of birth: \_\_\_\_\_

# of Children / Grandchildren: \_\_\_\_\_ Name(s) & Age(s) of Children / Grandchildren: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

e-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_\_ Business Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Assistant: \_\_\_\_\_ Asst. Phone/e-mail: (\_\_\_\_) \_\_\_\_\_

Annual earned income from your occupation for federal tax purposes (After business expenses, if any):

Salary \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Describe: \_\_\_\_\_

Unearned income (interest, dividends, capital gains, etc.) \$ \_\_\_\_\_

Describe unearned income: \_\_\_\_\_

Net Worth \$ \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Do you currently use: Cigarettes - Yes \_\_\_\_ No \_\_\_\_ Cigars - Yes \_\_\_\_ No \_\_\_\_ Other - Yes \_\_\_\_ No \_\_\_\_

If yes for Cigars, frequency/quantity \_\_\_\_\_ If yes for Other, provide details \_\_\_\_\_

If no for Cigarettes, years/months last smoked (if less than 3 years) \_\_\_\_\_

Life insurance currently in force:

<u>Company</u>	<u>Policy Number</u>	<u>Year of Issue</u>	<u>Type of Insurance</u>	<u>Personal or Business</u>	<u>Death Benefit</u>	<u>Cash Value</u>	<u>Annual Premium</u>
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Is life, disability or long-term care insurance contemplated or being currently applied for? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, details: \_\_\_\_\_

Will this insurance being applied for replace any of the above? Yes \_\_\_\_\_ No \_\_\_\_\_ (Circle it above)

Have you ever been declined, postponed, rated or offered a policy other than applied for? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Do you have plans to travel or residence outside the U.S.A.? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Have you ever flown, in the past two years, in any aircraft other than as a passenger? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Do you participate in any regular physical exercise program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

In the past five years have you been in a motor vehicle accident or charged with a moving violation of any motor vehicle law or had your license revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Driver's license state/number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever engaged in or contemplated engaging in parachuting, racing, underwater diving or any hazardous sport or hobby? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Will the policy be trust owned? Yes\* \_\_\_\_\_ No \_\_\_\_\_

If so, what is the state situs of the trust? \_\_\_\_\_

Proposed Trustee(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

email address: \_\_\_\_\_

\*Trust & Estate Attorney: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# NOTICE TO PROPOSED INSURED

## Federal Fair Credit Reporting Act

In connection with your informal inquiry about insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources or others with whom you are acquainted. This report includes information as to your character, general reputation, personal characteristics and mode of living. Upon written request to the life insurance companies listed in this Notice, within reasonable time after receipt of the Notice, you will be informed whether or not an investigative consumer report was requested. If so, you will be advised of the name, address and telephone number of the consumer reporting agency to which the request was made. The consumer reporting agency, upon request, will furnish information as to the nature and scope of its investigation. You have the right to inspect and to receive a copy of any such report by contacting the consumer reporting agency.

## MIB (Medical Information Bureau) Disclosure

Information regarding your insurability will be treated as confidential. The life insurance companies listed in this notice or their re-insurers may however make a brief report thereon to the Medical Information Bureau, Inc. This is a non-profit membership organization of life insurance companies which operates an informational exchange bureau on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file. Upon receipt of this request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02122 Tel. (617) 426-3660. The companies listed in this Notice or their re-insurers may also release information in their files to the other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

## Notice of Insurance Information Practices

In the course of properly underwriting and administering your insurance coverage, the listed insurance companies will rely primarily on information provided by you. The companies may also seek information from others, such as medical professions who have treated you. In some cases, the insurance companies may ask a consumer reporting agency to collect information and submit an investigative consumer report to them as explained in this Notice under Federal Fair Credit Reporting Act. You may request to be interviewed in connection with the preparation of this report. In Certain Limited situations, the insurance companies are allowed by law to disclose necessary items of personal information to third parties without your specific authorization. **The above is a general description of the listed insurance companies, and your agent's information practices. If you would like to receive a more detailed explanation of these practices, please send your requests to: Beacon Wealth Consulting South, LLC: 2430 Vanderbilt Beach Rd, Ste 108-407, Naples, FL 34109**

## Beacon Wealth Consulting South, LLC acts as broker for the following listed insurance companies:

AIG Life Insurance Company	National Life of Vermont
Allianz	Nationwide Life Insurance Company
American General Life Insurance Companies	North American Company for Life and Health
American General Life Insurance Company of New York	Ohio National
American National (ANICO)	Pacific Life
AmerUS Life Insurance Company	Penn Mutual
AXA Equitable	Phoenix Home Life
Aviva	Principal Life
Banner Life	Protective Life Insurance Company
Genworth Life Insurance Company	Prudential Life Insurance Company
Hartford Life Insurance Company	Security Connecticut
Indianapolis Life Insurance Company	Security Life of Denver Insurance Company
ING - Reliastar	Security Mutual Life Insurance Company
John Hancock Financial Services	Sun Life Financial
Life Insurance Company of the Southwest	Transamerica
Lincoln Benefit Life Insurance Company	Union Central
Lincoln Life Insurance Company	United of Omaha Life Insurance Company
Metropolitan Life Insurance Company	United States Life Insurance Company in the City of New York

# MEDICAL RECORD DISCLOSURE NOTICE

Please acknowledge that you are required to inform us of any medical visits after this date since all medical records **up to the date of purchase** must be collected and provided to the insurance carrier. It is in your best interest to discuss any discretionary medical appointments, including dermatologist, with us **prior** to your visit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you currently have any medical appointments scheduled, please list below:**

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Beacon Wealth Consulting South  
**HIPAA / MVR AUTHORIZATION**



**AUTHORIZATION TO OBTAIN AND DISCLOSE CONFIDENTIAL MEDICAL INFORMATION & MOTOR VEHICLE RECORD INFORMATION**

**Proposed Insured:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Medical Records and Information obtained from the Proposed Insured or other parties may be disclosed to and between the insurance companies or the insurance agencies listed below, Beacon Wealth Consulting South, and brokers, contractors, employees, representatives and agents working for or through Beacon Wealth Consulting South for purposes of the Proposed Insured applying for or evaluating insurance coverage.

Capital Wealth Advisors may also obtain and share as aforementioned Motor Vehicle Record information on the clients behalf for the purposes of the Proposed Insured applying for or evaluating insurance coverage.

**INSURED AND AGENCIES**

21st Service	Coventry First, LLC	Living Life Insurance Svcs	Prudential Life Insurance Co's.
5 Brokerage	Credit Suisse Group	Longmore Credit, LLC	RSA Medical
Accorrida Life	Crump Insurance Services, Inc.	Magna Life Solutions	Security Mutual
Advanced Services	Cundy, Inc.	Mass Mutual	South Cap
Advanced Underwriting Solutions	EMSI	MediConnect	State Life Insurance Co.
Agency One	Express Imaging Services	Metropolitan Life Insurance Co.	Sun Life Insurance Co, US
ALG	Fasano Associates, Inc.	Minnesota Life	Symetra
Allianz	Fidelity & Guaranty Life Insurance Co.	National Life Insurance Co.	Transamerica Life Insurance
American General Life Insurance Co.	Genworth Life Insurance Co.	National Life of Vermont	Travelers Life Insurance Co.
American National (ANICO)	Global Financial Advisory	Nationwide Financial	Union Central Life
APPS Paramedical	Goldman Sachs Bank, USA	New England Life Insurance Co.	United of Omaha
Ashar Group, LLC	Guardian	New York Life & Ins. & Annuity Co.	US Life Insurance Co.
Ash Brokerage	Hanleigh General Agency, Inc.	North American Company	Voya - Reliastar Life Insurance Co.
Athene Life & Annuity	Indianapolis Life	Ohio National	Voya - Security Life of Denver Co's.
AVS	Jackson National	Pacific Life & Annuity Co.	West Coast Life
AUS	John Hancock Life Insurance Co.	Pacific Life Insurance Co.	Windsor Insurance Associates
AXA Equitable	Kestler Financial Group	Peachtree Life Settlements	World Wide Inspections
Banner Life	Lewis & Ellis, Inc.	Penn Mutual	Zurich America Life
Beacon Wealth Consulting South	Liberty Life Assurance Co. of Boston	Phoenix Life Insurance Co.	
Capital Management Services, Inc.	Life Equity, LLC	Portamedic	
Capital Wealth Advisors / CWA Adv. Svcs.	Life Insurance Co. of the Southwest	Principal Life	
Cleveland Clinic	Lincoln Benefit Life Company	Principal National	
Columbus Life	Lincoln Financial Companies	Protective Life	

**Authorization**

Per HIPAA regulations, the purpose of this Authorization is to determine my eligibility and assist in placement of my application for insurance products and services from the life insurance companies listed above. I hereby authorize the release of any and all records and information regarding me, the proposed insured, pursuant to this Authorization. This includes any and all records and information regarding diagnosis, testing, treatment and prognosis of my physical or mental condition. Such records and information may include, but are not limited to, facts about my: (1) mental and physical health; (2) alcohol/drug abuse treatment, (3) pharmacy prescriptions, (4) HIV testing and treatment, except where prohibited by law, (5) sexually transmitted diseases, (6) Sickle Cell testing and treatment, (7) laboratory test results, (8) other insurance coverage, (9) hazardous activities, (10) character, (11) general reputation, (12) mode of living, (13) finances, (14) occupation, and (15) other personal traits.

**I hereby authorize any medical practitioner, any medical facility; and laboratory; any other medical entity; any insurer; any financial institution; my employer; and any consumer reporting agency to give the information described above to the companies listed above.**

**I also hereby authorize any representative of Beacon Wealth Consulting to obtain and distribute details regarding my motor vehicle record on my behalf, and authorize any state representative to provide the requested information to the Beacon Wealth Consulting South representative.**

Those parties named above may disclose the information that they have collected about me for the purposes referenced herein only. They may disclose this information to (1) other insurers to which I have applied or may apply, (2) reinsurers; or (3) other persons who perform business, professional or insurance services for them. This includes life settlement companies for the purpose of selling a current life insurance policy. They may also disclose this information as allowed by law. I understand that the Agencies and Insurers listed above may use the secured internet-based system called "UConnect" to store and/or access some or all of the confidential and personal information.

I understand that when information is used or disclosed pursuant to this authorization, it may be subject to the redisclosure by the insurance company and may no longer be protected by the federal and state laws and regulations that may have applied in the first instance. This Authorization will remain in effect for 36 months from the date of my signature below. I understand that I may refuse to sign this authorization but that if I do refuse to sign, the companies listed above may not be able to fulfill the purpose of this authorization. I understand that I may revoke this authorization at any time by writing to 787 Fifth Avenue South, Naples, Florida 34102; however, any action taken in reliance on this authorization prior to the notice of revocation shall be valid.

A photocopy of this Authorization is valid as an original. I acknowledge that I have received a copy of this Authorization and the Notice to Insured(s).

Signed at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, (year) \_\_\_\_\_

**Signature of Proposed Insured / Guardian or Custodian / Authorized Representative:**

**X** \_\_\_\_\_

If signed by the Authorized Representative of Proposed Insured, describe authority or relationship to proposed insured (e.g. parent of minor child, guardian, conservator, etc.)

Signature of Witness: \_\_\_\_\_

Signature of Policy Owner(s) (not required) \_\_\_\_\_

Complete if Minor Child is proposed for Coverage:

Name of Minor Child: \_\_\_\_\_ Relationship of Representative to Minor: \_\_\_\_\_

THIS IS NOT AN APPLICATION FOR LIFE INSURANCE